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## BIB DATA SHEET

CONFIRMATION NO. 8726

| SERIAL NUMBER                                                                                                                                                                                                                                                                      | FILING or 371(c)<br>DATE                                                                                          | CLASS                                        | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |              |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|--------------------------------------------------------------|--------------|--------------------|
| 10/532,682                                                                                                                                                                                                                                                                         | 04/26/2005<br>RULE                                                                                                | 552                                          | 1612                            | 5404/101                                                     |              |                    |
| <b>APPLICANTS</b><br>Hideo Kawachi, Hyogo, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/14170 11/07/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-325381 11/08/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> |                                                                                                                   |                                              |                                 |                                                              |              |                    |
| Foreign Priority claimed                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY                | SHEETS DRAWINGS                                              | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               |                                              | JAPAN                           | 0                                                            | 7            | 2                  |
| Verified and Acknowledged                                                                                                                                                                                                                                                          | /WALTER E WEBB/<br>Examiner's Signature                                                                           |                                              |                                 |                                                              |              |                    |
| <b>ADDRESS</b><br>BRINKS HOFER GILSON & LIONE<br>P.O. BOX 10395<br>CHICAGO, IL 60610<br>UNITED STATES                                                                                                                                                                              |                                                                                                                   |                                              |                                 |                                                              |              |                    |
| <b>TITLE</b><br>Method of separating ergosterol                                                                                                                                                                                                                                    |                                                                                                                   |                                              |                                 |                                                              |              |                    |
| <b>FILING FEE RECEIVED</b><br>1260                                                                                                                                                                                                                                                 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                              |                                 | <input type="checkbox"/> All Fees                            |              |                    |
|                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                              |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |              |                    |
|                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                              |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |              |                    |
|                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                              |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |              |                    |
|                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                              |                                 | <input type="checkbox"/> Other _____                         |              |                    |
|                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                              | <input type="checkbox"/> Credit |                                                              |              |                    |